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Bib Data Sheet

CONFIRMATION NO. 3760

SERIAL NUMBER 09/768,769	FILING DATE 01/23/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 00786/372003
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APPLICANTS

Denise Faustman, Weston, MA;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/521,064 03/08/2000
WHICH CLAIMS BENEFIT OF 60/123,738 03/10/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/24/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

21559

TITLE

Treatment of autoimmune disease

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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